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AUTHOR Hutchison, Leila Lynne; Santoro, David A.
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AVAILABLE FROM Leila L. Hutchison, 3263 Ormond Road, Cleveland Heights, Ohio 44118

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ABSTRACT

The systems model described in this paper outlines the rehabilitation counselor's function as he assists a client toward his final vocational goal. Twelve major components are outlined. Assessment of the client's potential is suggested as the counselor's major function in components 1 through 6, while planning and delivering services to assist the client becomes the major concern in components 7-12. These two major functions of the counselor, assessment and service delivery, are intertwined throughout the rehabilitation process. The systems model approach provides three useful functions which will enable counselors and counselor educators to promote the goals of rehabilitation. The model clarifies the counseling process, educates counselors in training as to their function as 'rehabilitators,' and communicates the rehabilitation process to community members, thus promoting good public relations and encouraging the referral of handicapped persons to rehabilitation agencies where they may be assisted toward independence. (Author/PC)

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A SYSTEMS MODEL OF THE REHABILITATION COUNSELING PROCESS

Paper presented at the

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by

Leila Lynne Hutchison

Rehabilitation Counselor, Bureau of Vocational Rehabilitation

assisted by

David A. Santoro

Program Coordinator, Cleveland State University

(For further information, contact:

Leila L. Hutchison
3263 Ormond Road
Cleveland Heights, Ohio 44118

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A Systems Model of the Rehabilitation Counseling Process

ABSTRACT

Leila L. Hutchison
and
David A. Santoro

The rehabilitation counseling process has been designed to enable counselors to meet the total needs of their handicapped clients in this systems model presentation. The counseling process outlined in the systems model applies specifically to the Bureau of Vocational Rehabilitation (BVR), although the functions that are described generalize well to all counselors.

The twelve functions of the counseling process have been identified as follows: 1.0 RECEIVE CLIENT REFERRALS, 2.0 ARRANGE INITIAL CONTACT WITH CLIENT(S), 3.0 FAMILIARIZE CLIENT WITH BVR COUNSELING PROCESS, 4.0 GATHER DIAGNOSTIC DATA, 5.0 DETERMINE CLIENT'S ELIGIBILITY FOR SERVICES, 6.0 ARRANGE EXTENDED EVALUATION, 7.0 ESTABLISH CLIENT'S VOCATIONAL GOAL, 8.0 PLAN REHABILITATION SERVICES NEEDED TO REACH THE CLIENT'S GOAL, 9.0 IMPLEMENT REHABILITATION PLAN, 10.0 MONITOR CLIENT'S PROGRESS TOWARD THE VOCATIONAL GOAL, 11.0 DETERMINE WHETHER CLIENT IS SUCCESSFULLY REHABILITATED, 12.0 CLOSE CASE.

The systems model was validated and modified with data received from a survey of practicing rehabilitation counselors in the state rehabilitation services. The second generation model was prepared with the combination of theoretical and practical information.

A SYSTEMS MODEL OF THE REHABILITATION COUNSELING PROCESS

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A. Systems Model is designed via armchair discussion.

B. Model is validated by the survey of practicing rehabilitation counselors.

C. Model is revised with input from the counselor survey.

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Figure 3. A Systems Model of the Rehabilitation Counseling Process (Full scale model)

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A SYSTEMS MODEL OF THE REHABILITATION COUNSELING PROCESS

Introduction

Rehabilitating handicapped persons and assisting them to become self supporting, independent and fulfilled members of society is the job of the vocational rehabilitation counselor. This is a weighty responsibility and requires a high degree of competency and interpersonal skill on the part of the counselor. To be effective, the vocational rehabilitation counselor must first know what he will be expected to accomplish in working with clients who may have a number of different kinds of disabilities. The essential requirements of the job are (1) that the counselor has the ability to establish a counseling relationship with his clients in order to help them work realistically within their particular limitations; (2) that the counselor understands and has a clear overview of the rehabilitation counseling process; and (3) that he has the ability to coordinate and utilize community resources to provide services to his clients throughout the various stages of the rehabilitation process.

The systems model described in this paper outlines the rehabilitation counseling process as it applies specifically to a counselor working for the Bureau of Vocational Rehabilitation (BVR), although the functions in the process are somewhat universal to all rehabilitation counselors, whether they be in private agency settings or in other institutions. The rehabilitation counseling model maps out the counselor's functions, step by step, as he assists the clients toward their final vocational goals. Any

counselor working with any client can use this model as a reference point at any stage of the rehabilitation process.

Model Rationale

As the systems model furnishes an overall picture of the rehabilitation counseling process, it is a very effective tool in assisting the counselor to gain a thorough understanding of the process and thus do his job effectively. It lends itself well to training new counselors, and also is beneficial administratively in viewing the counselor's functioning within the agency (BVR). Several other ready uses can be made of the model. It can be incorporated in a university curriculum for the preservice training of rehabilitation counselors. It provides a good operational outline for researchers. The model shows the interrelationship of counselor functions and readily points up bottlenecks in service delivery to clients, so that the counseling process can be altered systematically by taking these things into account. The systems model can be used to encourage the widespread use of BVR services by orienting other agency personnel, fellow professionals, referral sources, and the community as a whole to the purpose and function of the BVR counselor in rehabilitating the clients. Finally, the model can become part of the process itself, in giving the clients a clear understanding of the counselor's role in assisting them.

Development of the Systems Model

The systems model of the rehabilitation counseling process was developed in a systematic process that can be outlined in three major steps: 1.0 the model was developed in armchair fashion, i.e. the counseling process was discussed and a prototype of the model was drawn up; 2.0 a survey was sent to practicing rehabilitation counselors in order to validate the systems model; 3.0 subsequent revisions in the model were made with input from the counselor survey.

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See the diagram of this process in figure 1.

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In the first step of its development (1.0), the systems model was designed through the discussion and input from professional counselors, university professors, and a review of pertinent systems literature.[1] The counselor functions outlined in the systems model were checked against the real experiences of practicing counselors in order to reflect the rehabilitation process accurately.

In the second step of development (2.0), a survey was sent to professional counselors to evaluate the practical validity of the systems model.[2] The author prepared a list of essential skills and specialized information that a rehabilitation counselor needs to know. These items were outlined under the major counseling functions shown in the systems model, from 1.0 'Receive Client Referrals' to 12.0 'Close Case', and put in questionnaire form.

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[1] Other systems models were used as guidelines for the author, notably A Systems Model for Counseling in the Community College, David A.Santoro, William E. Stilwell, AERA presentation, 1973.

[2] Assisting in the preparation of the survey was Dr.James Kelz, Counselor Education, Pennsylvania State University.

In a pilot study, the counselors surveyed were asked to rate each of these items in terms of their importance to successful counselor performance and also the necessity for in-service training (on the job) on the various items of counselor performance that were listed. When the results were tabulated via computer, the survey revealed areas of crucial importance to effective rehabilitation counseling. The counselors indicated the skills that they would most like to see developed in training programs. The majority of counselors stated that they desired topics of training vital to their concerns as professionals and that are directly related to the improvement of counseling skills, bettering their understanding and achievement of agency goals, and improving service delivery to clients.[3]

In step three of the development of the systems model (3.0), the results of this survey were used to modify the systems model. Model revisions were again discussed with counseling and university personnel. The author also made reference to a systems model on the counseling process.[4] With this input the second generation systems model of the rehabilitation counseling process was prepared utilizing the combination of theoretical and practical information.

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[3] There were fifty items listed under the twelve major steps in the counseling process. The counselors rated 35 items crucial to adequate counselor performance under all major headings. Fifteen were rated important but not crucial and none were rated unimportant by the majority of respondents. Of the 35 crucial items, twenty-three items were identified as critical by over 70% of all respondents. Suggested topics of training suggested most often by the counselors in their comments on the questionnaire were: counseling skills, the rehabilitation counselor's role and responsibility, information on other community agencies relating to the rehabilitation process, interpersonal communication skills, and job seeking skills.

[4] Systematic Counseling: A Model for Accountability in Counseling and Counselor Education, Bob B. Winborn, Impact, 1969.

Overview of the Systems Model

Introduction

The rehabilitation counseling process is simplified by the systems model which gives the counselor a standard procedure in working with all types of clients and clearly defines each step of the process in operational terms. The model provides an outline or blueprint of the counselor's interactions with the client and enables him to identify the different functions and stages of the process and the direction in which to move , if his services are to be effective in helping the client. (Silvern (1968) defines a system as the structure or organization of an orderly whole, clearly showing the relationships of the parts to one another and to the whole.) The system of rehabilitation counseling is an organized procedure for working with handicapped clients, consisting of parts or elements that build upon each other sequentially in orderly progress toward the goal-successful employment of the clients. Having an established procedure to follow, the rehabilitation counselor can give his full concentration to the problems of the clients and to the quality of the counseling relationship. Rehabilitation counselors must serve a sizeable caseload, and the streamlined flow of clients through an efficient process is essential to providing them all with rehabilitation services.

In her article on Systems Techniques for Counseling Programs, Dr. T.A. Ryan (1969) states that counseling and counselor education programs are basically management systems in which the planning, organizing, motivating, and controlling of human and material

resources and relationships are implemented to attain predetermined goals. Vocational rehabilitation counseling is no exception. Stated goals of the counseling process are inherent in the rehabilitation philosophy, which is to assist handicapped persons to lead more rewarding lives by becoming productive and self sustaining taxpayers instead of public assistant recipients. This is to be accomplished through the employment of personnel, money, materials, and community resources to provide rehabilitation services to the clients. Rehabilitation is an operational system. Decision makers in management desire an organized integration of elements in the system that facilitate orderly progression toward the goal. It is possible to discover effective methods for achieving the goals of the rehabilitation counseling process, through the use of systems research. The actual workings of the counseling system can be simulated with the systems model, and studied to determine more efficient uses of cost and performance factors.

The systems model can be defined as follows: (1) the model identifies the major components of the counseling process. (2) The systems model further identifies subcomponents within the major components of the process, at graduated levels of detail. (3) The model shows the relationship between the parts of the process and the whole system. This relationship is indicated by the signal paths or arrows that tie the components of the system together by carrying information from one component to another in the direction of the arrowhead.

In moving through each step of the counseling process, it can be seen that each major subsystem or component of the process is a necessary part of the whole system and cannot be omitted without changing the outcome of the process. The development of the counselor's relationship with his client is visible as he proceeds through each step of the process. For example, the diagnostic information that he obtains in step 4.0 'Gather Diagnostic Data', assists the counselor to help the client plan a vocational goal and determine what services will be needed in order for the client to reach his vocational goal (steps 7.0 and 8.0). It is apparent that lack of counselor skill in gathering and interpreting diagnostic information about the client will seriously affect his ability to plan services for the client, thus affecting the final outcome of assisting the client to find employment. Incomplete performance in one major area affects all other areas of the system and causes the process to break down. To cite a specific example of this type of problem, a counselor may have difficulty in interpreting medical information (4.2.1) and in making proper use of the field medical consultant in reviewing the medical information (4.4.2) in diagnostic step 4.0. Let us suppose that his client has a back injury that prevents him from standing for long periods of time. Imagine the problems that would ensue if the counselor placed him into a job that required him to do heavy lifting and standing on his feet for long periods of time. The consequences of this poor planning would be very severe for the client, if he were to take the job and reinjure himself as a result.

Twelve major systems, or components, of the rehabilitation counseling process have been identified. These are as follows: 1.0 Receive Client Referrals, 2.0 Arrange Initial Contact with Client(s), 3.0 Familiarize Client with BVR Counseling Process, 4.0 Gather Diagnostic Data, 5.0 Determine Client's Eligibility for Services, 6.0 Arrange Extended Evaluation (Optional; 6 to 18 mo.), 7.0 Establish Client's Vocational Goal, 8.0 Plan Rehabilitation Services Needed to Reach the Client's Goal, 9.0 Implement Rehabilitation Plan(s), 10.0 Monitor Client's Progress Toward the Vocational Goal, 11.0 Determine whether Client is Successfully Rehabilitated, and 12.0 Close Case.

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Insert Figure 2 Here

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Reading the Systems Model

In reading the systems model, begin at 1.0 'Receive Client Referrals', which is the first step of the process, and follow the signal paths, or arrows, from 1.0 to 2.0 to each subsequent system, proceeding clockwise around the chart and ending with 12.0 'Close Case'.[5] Forward motion in the system is denoted by (FF) or feedforward. Backward motion from one component to a previous component of the process is denoted by (F) or feedback.

Each major counseling function is coded 1.0, 2.0, 3.0, (etc.) and depicts a first level of detail of the system model. These major systems may consist of two or more subsystems that denote a second level of detail of the counselor's function, and are coded 1.1, 1.2, 1.3, (etc.). These subsystems may be subdivided into smaller parts that are designated 1.3.1, 1.3.2 respectively within subsystem 1.3. Signal paths that are drawn within a particular system, such as 4.0 'Gather Diagnostic Data', indicate the interrelationship, the direction of movement, and the sequence of function within that system.

One may gain an overview of the rehabilitation counseling process by reading the titles of the twelve major systems in sequence through the process. To understand the components of each system, examine first the subsystems and then their smaller parts in order to observe their interrelationships with each other and with the system as a whole.

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Insert Figure 3 Here

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[5] A more detailed discussion of systems terminology is available in the article, "Logos: A System Language for Flowchart Modeling", by Leonard C. Silvern, Educational Technology, June 1, 1969.

Each Subsystem of the Model Explained

Receive Client Referrals 1.0

In this first step of the rehabilitation counseling process, the counselor receives referrals from agencies (1.2) and individuals (1.1) in the community. It is important for him to keep in contact with fellow professionals and referral sources that have contact with disabled persons so to make them aware of the rehabilitation services that he can provide.

When he receives the referral, the counselor screens it to make sure that the referral is an appropriate one for him to handle. (1.3) The prospective client should evidence a disability, and express a desire for rehabilitation services. Some BVR counselors serve specialized caseloads consisting of one disability type only. If the client referred has a reported disability that is not appropriate for the counselor to receive, he can refer the case to another counselor or agency (1.2.2). For example, a blind client that is referred to a BVR counselor should properly be referred to the Bureau of Services for the Blind. Another example of an inappropriate referral would be a child of ten; the child would not be feasible for employment due to his age so the counselor could properly refer the child to another agency dealing with the problems of children. During this stage in the rehabilitation process, the case is said to be in referral status (00) in the casework coding of the BVR process.

Arrange Initial Contact With Client(s) 2.0

In the second step of the process, the counselor contacts the client in order to arrange an initial interview. The purpose of the initial interview is to provide the counselor with an opportunity to explain the rehabilitation services to the client and secure his cooperation in commencing the counseling relationship. However, this stage of the process refers only to the arrangements made by the counselor to schedule the initial interview. The client remains in referral status (00) until he signs an application for services; this moves him into applicant status (02) for the counselor's records.

The rehabilitation counselor is free to arrange the appointment with the client at a convenient place. The counselor may wish to see him at the office (2.1), at the client's home (2.2), or in a field visit to a school or agency (2.3). Occasionally, clients may refer themselves; they may walk in to see the counselor and to inquire about services (2.1.4). The counselor may choose to interview them at this time or to arrange another appointment time.

The counselor may decide to close the case from referral (00) or applicant (02) status at this time, when contact with the client cannot be made, or when the client refuses services. The client's death, his moving to an unknown address, institutionalization, or refusal to cooperate are all valid reasons for closure at this point in the rehabilitation process.

Familiarize Client With BVR Counseling Process 3.0

In this step of the process, the counselor explains the goals and procedures of the rehabilitation process to his client. (3.1 and3.2) This usually takes place in the initial interview, although it may be necessary for the counselor to review this information with the client at a later stage of the process. The client must understand and accept his responsibility in following the plan of services that he jointly develops with the counselor in working toward his vocational goal. (3.4) He must also understand the counselor's role in helping him. (3.3) The counselor clearly establishes an agreement with the client that he will discuss all his problems and concerns with the counselor, (3.6) especially those related to his vocational progress.

The initial interview, as a whole, provides the counselor with a vehicle for establishing the counseling relationship, learning about the client's disability and history, exploring his problems and concerns, and arranging the next steps of the evaluation process with the client. The client remains in applicant status (02) during this stage.

Gather Diagnostic Data 4.0

This step involves the accumulation of information about the client from various sources, and the thorough evaluation of the client by the counselor as he reviews the diagnostic data. The client remains in status 02 during this study.

The rehabilitation counselor gains information from the client and people that are familiar with him in initial and sometimes subsequent interviews (4.1) and prepares a dictation on every aspect of the client for the case records. Personal characteristics, work history, education, family background, financial status, client's perception of his disability, counselor's observations, and the medical history are noted.

The counselor requests records on the client's history from hospitals, schools, vocational trainers, former employers, and institutions that have previously evaluated the client. (4.2)

A general medical examination is arranged to determine the client's physical condition. (4.3.1) Specialist examinations may be arranged, such as an opthalmological examination, to enable the counselor to further evaluate the client's disability. (4.3.3) A psychological evaluation of the client's intellectual and vocational ability may also be arranged by the counselor. (4.3.2) This is imperative when mental retardation is suspected. Psychiatric evaluation may be requested to determine the extent of emotional or mental disorder. The counselor may consider it advisable to evaluate a client that has had little or no work experience and vague vocational interests by placing him in a work evaluation facility. (4.3.4) At this agency he may be given a variety of work samples to complete in a simulated employment environment. The work evaluators then report the client's limitations and aptitudes as observed from his performance over an average period of time. (6 weeks)

In reviewing the diagnostic material, the counselor confers with the Field Medical Consultant on medical reports and information that he has received. (4.4.2) It is necessary to determine the degree of the client's impairment in order to establish eligibility for services on a medical basis. The client's long term prognosis for rehabilitation and possible medical treatment is considered at this time. The counselor reviews the psychological reports with the psychological consultant to determine eligibility on the basis of mental impairment. The counselor may also wish to consult the referral source, or others that are acquainted with him, in order to review his problems and potential for employment. (4.4.4 and 4.4.1)

Finally, the counselor analyzes all the data that he has collected and proceed to the next step of the process. (4.5) Analysis of the data is an ongoing process throughout step 4.0 and the rehabilitation counselor will make frequent reference to the diagnostic data that he collects on the client in future stages of the counseling process.

Determine Eligibility for Services 5.0

The counselor decides whether to serve the client in a rehabilitation program based upon the determination that he makes in the three major subsystems listed below.

In step 5.1, the counselor determines whether the client has a physical or mental disability. This must be documented in his diagnostic reports. If the client is not disabled, the

counselor feeds forward to 12.0 'Close Case'. If he is disabled, the counselor proceeds to the next step of eligibility.

The next determination is whether the client's disability is handicapping to employment, step 5.2. In other words, the client's handicap must prevent him from achieving his true vocational potential. If the disability does not prevent the client from holding satisfactory employment, the counselor then closes the case. If it does, the counselor proceeds to the third criterion of eligibility.

The final step 5.3 is the decision that there is a reasonable expectation that the client will be rehabilitated with the provision of services. This decision may be difficult to make, particularly when the client's physical or mental condition is so impaired or unstable that it is difficult to estimate whether he can work. If the client's feasibility for employment is questionable, the counselor may place him into an extended evaluation (6.0) in order to gain more information about the client's limitations and true potential for work. If the counselor decides that the client is not feasible for employment with the provision of services, he closes the case. If the counselor determines that the client does have potential for rehabilitation, he then feeds forward to step 7.0 'Plan Rehabilitation Services' and the client enters active status (10) in the counselor's records.

Arrange Extended Evaluation 6.0

This is an optional step in the counseling process and

is still considered part of the diagnostic process (statuses 04 or 06). The counselor may choose to evaluate the client within a six month period (status 04) or an eighteen month period (status 06). During the evaluation period, all diagnostic services can be provided in order to assess the client. Medical, psychological, and vocational evaluations may be arranged. The counselor may wish to place the client in an agency under simulated working conditions to assess his work tolerance. (6.1)

After the client is thoroughly assessed, the counselor must make a final determination on the client's eligibility for services. He must decide that the client will be able to hold some form of employment with the assistance of the rehabilitation services that the counselor can provide, in order to proceed to step 7.0. The counselor must close the case if he cannot make the client eligible at this point.

Establish Client's Vocational Goal 7.0

The client's vocational goal is decided upon jointly by the client and the counselor. In the discussion of the client's interests, motivations and abilities, the counselor often shares feedback with him from the diagnostic evaluation program. The client may consider this information along with positive experiences that he might have had in a previous training program in order to decide what kind of a job he would like to have. The job market is an important factor to be considered in discussing future employment so that the vocational goal chosen by the client

is a realistic one in view of openings in the community. A choice of alternate vocational goals may also be desirable in the event that his primary goal cannot be accomplished. (7.4) The client is in status 10 during this process and is considered an active case with BVR from this point on.

Plan Rehabilitation Services Needed to Reach the Client's Goal 8.0

In this stage of the counseling process, the counselor and the client must agree upon a rehabilitation plan that will assist the client to reach his vocational goal. The client may receive any or all of the services indicated in blocks 8.2 through 8.10. The plan is individually tailored by the counselor to meet his client's particular needs. This planning stage takes place in status 10, although further services may be planned after the client has begun his rehabilitation program.

Implement Rehabilitation Plan 9.0

At this point in the process, the client's plan of services has been completed and approved. The client is placed in status 12 before his rehabilitation program commences. The counselor makes the necessary arrangements to enable the client to start his program. In procuring services from the community, the counselor acts as a coordinator and a client advocate. He also may need to counsel the client about beginning the program, and attempt to allay potential fears or misunderstandings that he may have in starting something new. After the client's

program is initiated the counselor proceeds to step 10.0.

Monitor Client's Progress Toward Vocational Goal 10.0

During this stage of the rehabilitation counseling process, the client may be in any active status, 14 through 22, receiving rehabilitation services. The counselor monitors his progress via feedback that he receives from the client, trainers, evaluators, employers or others that have a part in his program. The counselor is concerned primarily that the client is working toward performance goals established in step 7.0. He receives and reviews written progress reports from schools and agencies. (10.1) The client may report his progress to the counselor verbally, or in a written trainee's report. (10.2) The counselor may wish to arrange periodic staffing with agency or school personnel to discuss the client's problems and provide for intervention strategies. (10.3)

The rehabilitation counselor assumes the responsibility for the client's job placement (10.4) in order to assure himself that the job requirements are commensurate with the client's ability level, and that the placement is satisfactory. When job placement has been made, the counselor is ready to move to step 11.0. However, if the client is doing badly in his rehabilitation program, the counselor may want to move to step 11.0 at once in order to evaluate the appropriateness of the client's program. If the client is misplaced or not achieving, the counselor may decide to amend the plan of service in step 11.0.

Determine Whether Client is Successfully Rehabilitated 11.0

The counselor makes this determination by matching the client's observed outcome with performance goals established in step 7.0. The client's success in achieving his vocational goal is readily seen in his performance on the job. The counselor can conclude that his job placement is successful when (1) the client has the necessary skills to perform the work adequately; (2) the client's performance on the job has been satisfactory; (3) the employment is reasonably secure and the client's wages are commensurate with the wages paid other workers for similar work; and (4) the job will not aggravate the client's disability or cause him to injure himself. When the counselor can positively determine that the client has been rehabilitated and is employed according to these criteria, he proceeds to step 12.0 'Close Case'.

The client's employment, however, may not be satisfactory according to these criteria, or he may only have partially completed the plan of services and be in need of some other services as a result of factors that were unforeseen in the planning stage. (11.2.3) It will be necessary, in this event, for the counselor to feedback to system 8.0 and amend the client's plan of services.

On the other hand, the client may not be achieving his goal (11.2.2.) because it is unrealistic. The counselor may have seriously overestimated the client's ability to complete the plan of services. If this is the case, it will be necessary for the counselor to feedback to system 7.0 in order to decide upon a

new vocational goal with the client. Diagnostic material may be reviewed by the counselor in step 7.0.

Occasionally it is discovered by the counselor that the client will never be able to complete the rehabilitation plan. (11.2.1) In this case the client is not employable usually because the severity of his limitations have been misjudged and it is best for the counselor to close the case. The case may be closed unsuccessfully rehabilitated from this system as a status 28 closure (Case is closed before plan of services was initiated.) or as a status 30 closure (Case is closed after plan was initiated.)

Close Case 12.0

The final stage in the process is case closure. The two categories of closure are successful and unsuccessful rehabilitation. The criteria for a successful closure are as follows: (1) that all the necessary services have been provided; (2) the rehabilitation services provided to the client have been substantial; and (3) the client is suitably employed.

At closure the counselor records the data in the case records (12.1). When services are requested again after the case has been closed, the old records may be reviewed, and the case may be reopened. The records will provide feedback to 1.1.5 in system 1.0. The counselor will make appropriate referrals to other agencies in the community when closing a case. (12.2) He informs the client and the referral of closure. (12.3)

Follow up contact with the client is important to ensure his transition to a more independent position, when the client has been placed successfully. (12.4)

Conclusion

In every phase of the rehabilitation counseling process, the counselor is working with his client to evaluate his abilities and limitations. Assessment of the client's potential is the counselor's major function in systems 1.0 through 6.0. This is reflected in the case records by the diagnostic statuses (00-06). Planning and delivering services to assist the client, becomes the counselor's major concern in systems 7.0 through 12.0 of the counseling process, (active statuses 10-22). These two functions of the counselor, assessment and service delivery, are intertwined throughout the process as the counseling relationship unfolds.

The systems model of the rehabilitation counseling process provides three useful functions that will enable counselors and counselor educators to promote the goals of rehabilitation. The model (1) clarifies the counseling process, it (2) educates counselors in training as to their function as 'rehabilitators', and it (3) communicates the rehabilitation process to community members, thus promoting good public relations and encouraging the referral of handicapped persons to rehabilitation agencies where they may be assisted toward independence.

DEVELOPMENT OF THE SYSTEMS MODEL

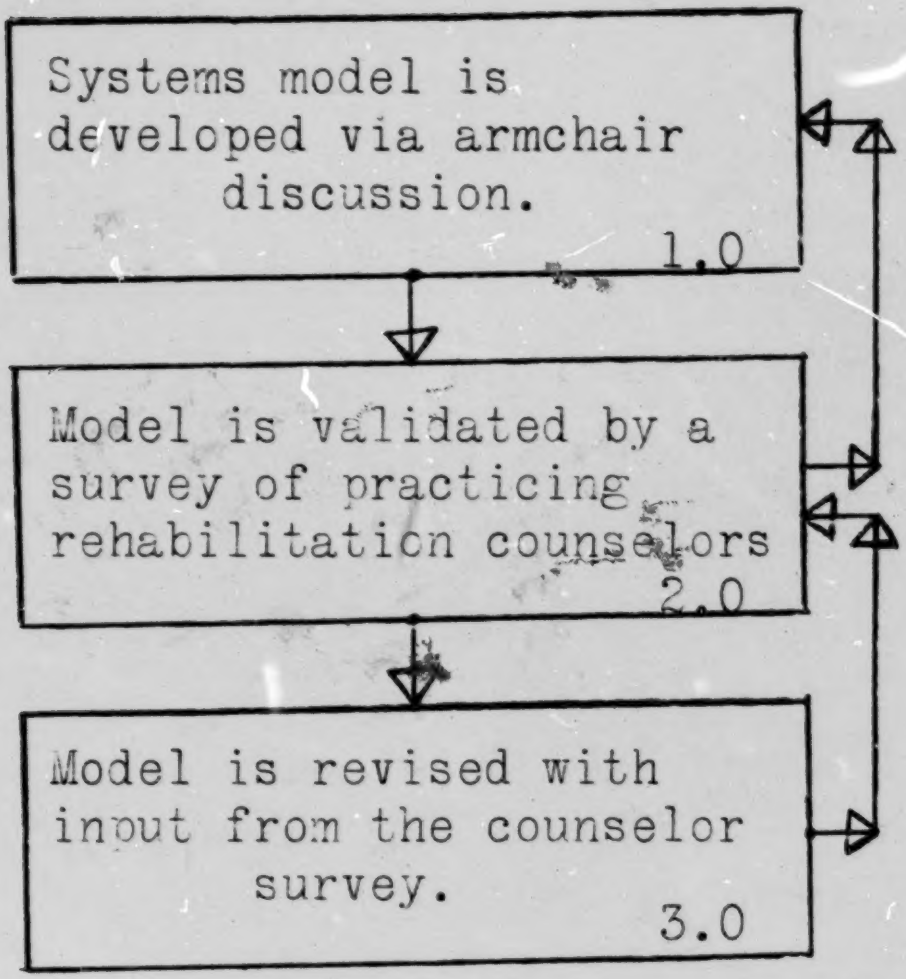
Systems model is developed via armchair discussion.
1.0
Model is validated by a survey of practicing rehabilitation counselors
2.0
Model is revised with input from the counselor survey.
3.0

Figure 1

A SYSTEMS MODEL OF THE REHABILITATION COUNSELING PROCESS

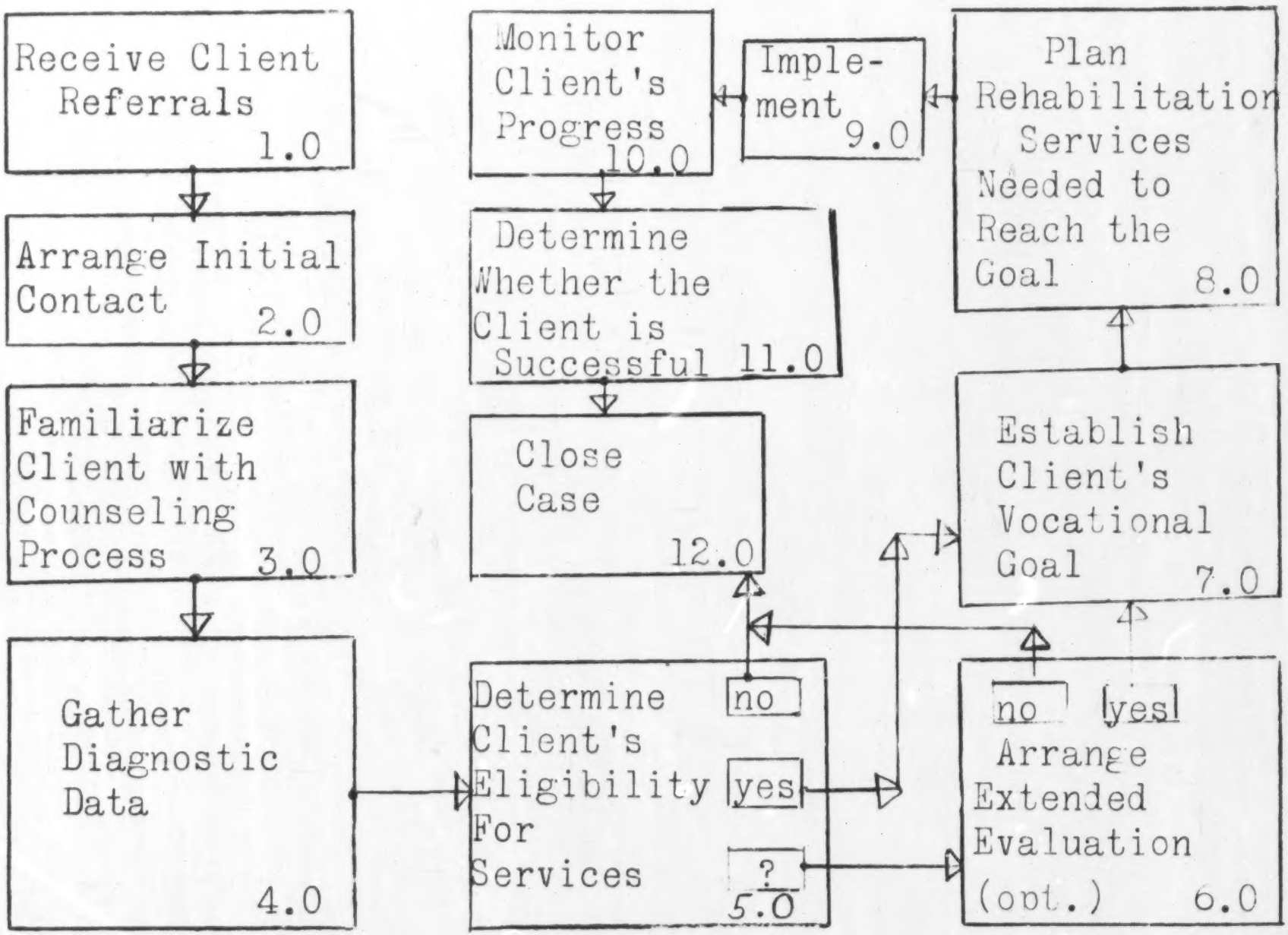

Figure 2

A SYSTEMS MODEL OF THE BVR COUNSELING PROCESS

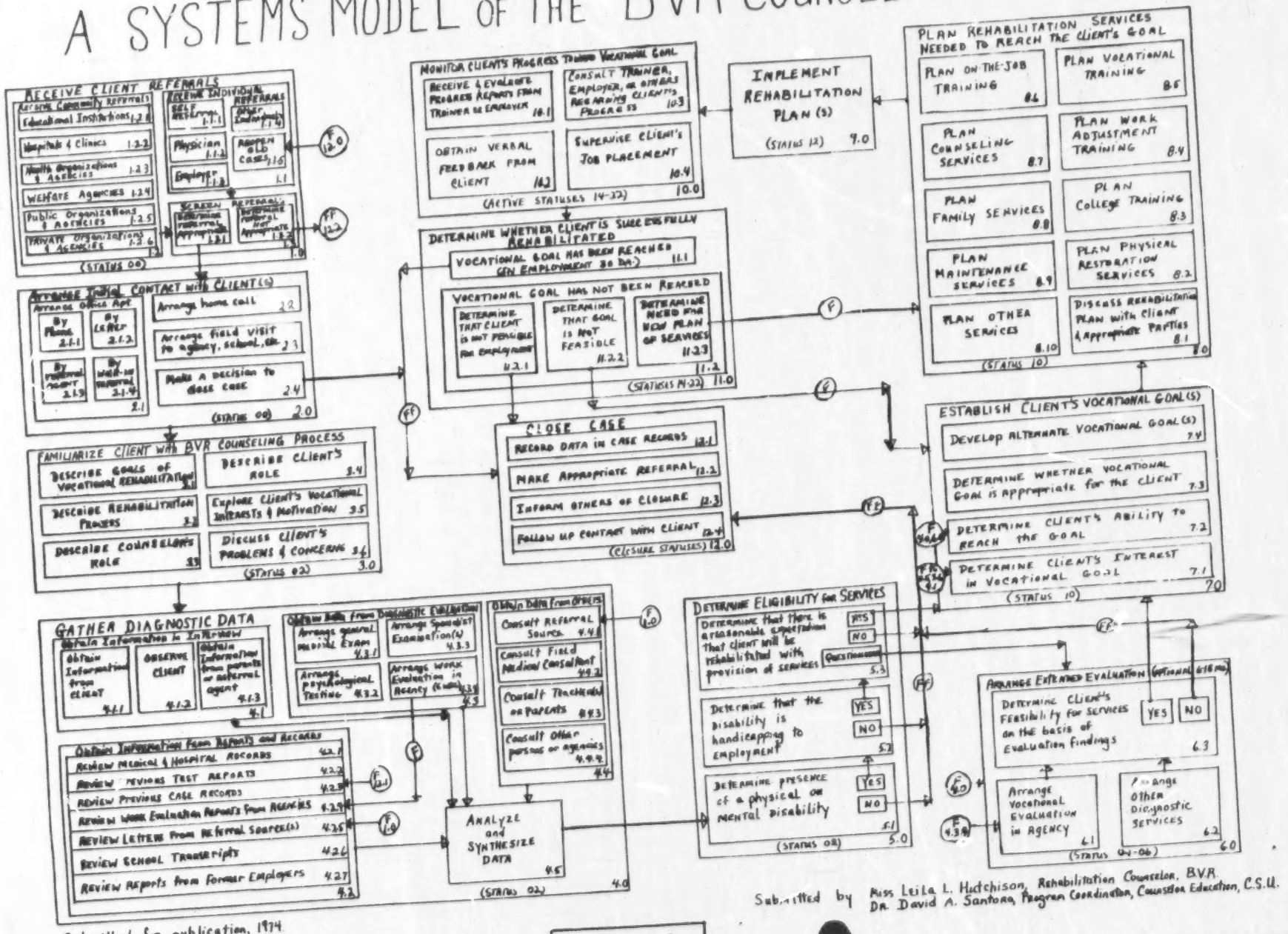
RECEIVE CLIENT REFERRALS
Archive Community Referrals
Educational Institutions 1.2.1
Hospitals & Clinics 1.2.2
Health Organizations & Agencies 1.2.3
Welfare Agencies 1.2.4
Public Organizations & Agencies 1.2.5
Private Organizations & Agencies 1.2.6
1.2
Receive Individual Referrals
Self-Referral 1.1.1
Other Individuals 1.1.4
Physician 1.1.2
Reopen old cases 1.1.5
Employer 1.1.3
1.1
Screen Referrals
Determine Potential Appropriate 1.3.1
Referrals Not Appropriate 1.3.2
1.3
1.0
(STATUS 00)
F 12.0
FF 12.2
ARRANGE INITIAL CONTACT WITH CLIENT(S)
Arrange Office Appt
By Phone 2.1.1
By Letter 2.1.2
By Personal Report 2.1.3
By Walk-in Referral 2.1.4
2.1
Arrange home call 2.2
Arrange field visit to agency, school, etc. 2.3
Make a decision to close case 2.4
(STATUS 00) 2.0
FAMILIARIZE CLIENT WITH BVR COUNSELING PROCESS
Describe Goals of Vocational Rehabilitation 3.1
Describe Rehabilitation Process 3.2
Describe Counselor's Role 3.3
Describe Client's Role 3.4
Explore Client's Vocational Interests & Motivation 3.5
Discuss Client's Problems & Concerns 3.6
(STATUS 02) 3.0
GATHER DIAGNOSTIC DATA
Obtain Information to Interview
Obtain Information from Client 4.1.1
Observe Client 4.1.2
Obtain Information from parents or referral agent 4.1.3
4.1
Obtain Data from Diagnostic Evaluation
Arrange general medical exam 4.3.1
Arrange psychological testing 4.3.2
Arrange Specialist Examination(s) 4.3.3
Arrange work evaluation in Agency (Lab) 4.3.4
4.3
Obtain Data from Others
Consult Referral Sources 4.4.1
Consult Field Medical Consultant 4.4.2
Consult Teachers or Parents 4.4.3
Consult Other persons or agencies 4.4.4
4.4
Obtain Information from Reports and Records
Review Medical & Hospital Records 4.2.1
Review Previous Test Reports 4.2.2
Review Previous Case Records 4.2.3
Review Work Evaluation Reports from Agencies 4.2.4
Review Letters from Referral Source(s) 4.2.5
Review School Transcripts 4.2.6
Review Reports from Former Employers 4.2.7
4.2
F 4.0
F 4.1
F 4.0
ANALYZE and SYNTHESIZE DATA 4.5
(STATUS 02) 4.0
MONITOR CLIENT'S PROGRESS TOWARD VOCATIONAL GOAL
Receive & Evaluate Progress Reports from Trainer or Employer 10.1
Consult Trainer, Employer, or others Regarding Client's Progress 10.3
Obtain Verbal Feedback from Client 10.2
Supervise Client's Job Placement 10.4
(Active Statuses 14-22) 10.0
DETERMINE WHETHER CLIENT IS SUCCESSFULLY REHABILITATED
Vocational Goal has been reached (in Employment 30 Da) 11.1
Vocational Goal has not been reached
Determine that client is not feasible for employment 11.2.1
Determine that goal is not feasible 11.2.2
Determine need for new plan of services 11.2.3
11.2
(Statuses 14-22) 11.0
CLOSE CASE
Record data in case records 12.1
Make appropriate referral 12.2
Inform others of closure 12.3
Follow up contact with client 12.4
(Closure Statuses) 12.0
IMPLEMENT REHABILITATION PLAN (S)
(Status 12) 9.0
PLAN REHABILITATION SERVICES NEEDED TO REACH THE CLIENT'S GOAL
Plan On-the-Job Training 8.6
Plan Vocational Training 8.5
Plan Counseling Services 8.7
Plan Work Adjustment Training 8.4
Plan Family Services 8.8
Plan College Training 8.3
Plan Maintenance Services 8.9
Plan Physical Restoration Services 8.2
Plan Other Services 8.10
Discuss Rehabilitation Plan with Client & Appropriate Parties 8.1
8.0
(Status 10)
F
ESTABLISH CLIENT'S VOCATIONAL GOAL(S)
Develop Alternate Vocational Goal(s) 7.4
Determine whether vocational goal is appropriate for the client 7.3
Determine client's ability to reach the goal 7.2
Determine client's interest in vocational goal 7.1
7.0
(Status 10)
F 4.0
F 4.3a, 4.3b, 4.3c, 4.3d
DETERMINE ELIGIBILITY for SERVICES
Determine that there is a reasonable expectation that client will be rehabilitated with provision of services — Yes / No / Questionable 5.3
Determine that the disability is handicapping to employment — Yes / No 5.2
Determine presence of a physical or mental disability — Yes / No 5.1
(Status 08) 5.0
F 4.0
F 4.3a
ARRANGE EXTENDED EVALUATION (optional 6 to 18 mo)
Determine client's feasibility for services on the basis of evaluation findings — Yes / No 6.3
Arrange Vocational Evaluation in Agency 6.1
Arrange Other Diagnostic Services 6.2
(Status 04-06) 6.0

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Figure 3

Submitted by Miss Leila L. Hutchison, Rehabilitation Counselor, BVR
Dr. David A. Santoro, Program Coordinator, Counselor Education, C.S.U.

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